	PATENT			ON FEE D	RD	Application or Docket Number In, 9/1/29 723							
CLAIMS AS FILED - PART I										ENTITY			THAN
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA							1 .	TYPE		OR T	SMALL		
			•						RATE	FEE	-	RATE	FEE
ВА	SIC FEE									380.00	OR	· 	760.00
TC	TAL CLAIMS		minus 20=			10			X\$ 9=		OR	X\$18=	~85°
INC	EPENDENT C	LAIMS	minus 3 =			* 4			X39=		OR	X78≃	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=			.260	
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	+260=	20
									TOTAL	L	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	REM. AF		AIMS AINING TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 0	9	Minus	**	30	2		X\$ 9=		OR	X\$18=	18
	Independent * 4		N OF M	Minus	***		= 2		X39=	·	OR	8 × 30=	56
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	,	OR	+260=	
								L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	301
6.	17-04	(Column 1) (Column 2) (Column 3)							DDII. FEE		•	ADDII. I EEI	168-
AMENDMENT B		REM.	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	2	7	Minus	**	30	8		X\$ 9=		OR	X\$18=	,
	Independent			Minus	***		=	T	X39=		OR	X78=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
TC												TOTAL	
(Column 1) (Column 2) (Column 3)									ODIT. FEE I			ADDIT. FEE	
AMENDMENT C		CL/ REMA AF	NIMS NNING TER DMENT		ł PR	HIGHEST NUMBER EVIOUSLY VAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	-	Minus	**		=	r	X\$ 9=			X\$18=	
	Independent	*		Minus	***		÷	-			OR		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=		OR	X78=	
	Sharama - A				_				+130=		OR	+260=	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT, FEE	
	the "Highest Num he "Highest Num								DIT. FEE	ropriate box			